



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 806

DATE: May 29, 2009

TO: Iowa Medicaid Hospice and Nursing- Facility Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Hospice Billing Change – Calendar Month

EFFECTIVE: Upon receipt

All claims submitted to the IME for Hospice reimbursement must reflect services provided during a specified calendar month. Each calendar month must be billed on a separate UB-04 form for each Medicaid Hospice member. Claims will be denied for any UB-04 form that spans more than one calendar month.

Each one-month period will reflect the **total number of days** during that month in which a Hospice member received any one or more of the following **daily** four levels of Hospice support:

- Routine Home Care Revenue Code 651
- Continuous Home Care Revenue Code 652
- Inpatient Respite Care Revenue Code 655
- General Inpatient Care Revenue Code 656

For Hospice members residing in a nursing facility (NF), room and board reimbursement is made to the hospice for each day of the month that the member resides at the NF (calculated at 95% of the NF designated daily rate). The NF will receive this reimbursement from the hospice after the hospice is paid by IME.

- Nursing Facility (Room & board) Revenue Code 658

The provision of Hospice services **requires** close and careful coordination with the local income maintenance worker for each Hospice member. The long-term care record for each member is maintained in the income maintenance system. The information that is reflected on the UB-04 claim must match the information on the income maintenance system. In order to ensure timely payment and avoid claim denials, the Hospice agency must send a completed Case Activity Report (Form 470-0042) to the income maintenance worker in a timely manner (within the month) for any status changes that may include:

- When Hospice begins for a Medicaid member (Regardless if the member lives at home or in a NF).
- When a Hospice member leaves home and enters a NF.
- When a Hospice member enters a hospital.
- When a Hospice member leaves a hospital.

- When a Hospice member no longer meets the requirements for certification of a terminal illness.
- When a Hospice member changes the designation from one Hospice agency to another.
- When a Hospice member dies.

Following is a link to the local DHS income maintenance offices:

www.dhs.state.ia.us/Consumers/Find_Help/MapLocations.html

If you have any questions regarding the completion of the UB-04 claim form please contact the IME Provider Services at 1-800-338-7909, locally 515-725-1004 or by e-mail at

| imeproviderservices@dhs.state.ia.us

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